

HEALTH CARE APPRAISAL

Michigan Department of Human Services • Bureau of Children and Adult Licensing

Licensee Name			Resident Name			Case Number																																																																																																																																
AFC Facility Name			Facility License Number		Worker Name / Load Number		Worker Phone Number																																																																																																																															
Release of General Medical Information: By signing this form, I understand that I am authorizing the release of medical information concerning me to the licensee and licensee's staff, the responsible agency, and the Michigan Department of Human Services, Bureau of Children and Adult Licensing for the purpose of providing appropriate care to me and determining compliance with licensing rules.																																																																																																																																						
Signature of Resident / Legal Guardian					Title			Date																																																																																																																														
Release of HIV/AIDS Information: By signing this form, I understand that I am authorizing the release of medical information concerning me, including information regarding Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV), if applicable, to the licensee and licensee's staff, the responsible agency, and the Michigan Department of Human Services, Bureau of Children and Adult Licensing, for the purpose of providing appropriate care to me and determining compliance with licensing rules.																																																																																																																																						
Signature of Resident / Legal Guardian					Title			Date																																																																																																																														
1. Height	2. Weight	3. Ideal Weight Range	4. Blood Pressure		5. Age	6. Sex MALE FEMALE																																																																																																																																
7. Diagnoses			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">15. Physical Exam:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="width: 60%; text-align: center;">TYPE</td> <td style="width: 15%; text-align: center;">NORM</td> <td style="width: 15%; text-align: center;">ABN</td> <td colspan="2" style="width: 10%; text-align: center;">** DEFERRED</td> </tr> <tr><td>1. Skin</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>2. Ears</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>3. Nose</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>4. Throat</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>5. Mouth</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>6. Neck</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>7. Breasts</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>8. Chest</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>9. Lungs</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>10. Heart</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>11. Abdomen</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>12. Extremities</td><td>Upper</td><td></td><td></td><td></td></tr> <tr><td></td><td>Lower</td><td></td><td></td><td></td></tr> <tr><td>13. Feet / Toes</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>14. Lymph Nodes</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>15. Genitalia</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>16. Testes</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>17. Spine</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>18. Reflexes</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>19. Neurological</td><td></td><td></td><td colspan="2"></td></tr> <tr><td>20. Rectal</td><td></td><td></td><td colspan="2"></td></tr> <tr> <td colspan="2">21. Sexually Transmitted Diseases</td> <td>YES</td> <td colspan="2">NO</td> </tr> <tr> <td colspan="2">22. Other:</td> <td></td> <td></td> <td></td> </tr> </table>						15. Physical Exam:						TYPE	NORM	ABN	** DEFERRED		1. Skin					2. Ears					3. Nose					4. Throat					5. Mouth					6. Neck					7. Breasts					8. Chest					9. Lungs					10. Heart					11. Abdomen					12. Extremities	Upper					Lower				13. Feet / Toes					14. Lymph Nodes					15. Genitalia					16. Testes					17. Spine					18. Reflexes					19. Neurological					20. Rectal					21. Sexually Transmitted Diseases		YES	NO		22. Other:				
15. Physical Exam:																																																																																																																																						
TYPE	NORM	ABN	** DEFERRED																																																																																																																																			
1. Skin																																																																																																																																						
2. Ears																																																																																																																																						
3. Nose																																																																																																																																						
4. Throat																																																																																																																																						
5. Mouth																																																																																																																																						
6. Neck																																																																																																																																						
7. Breasts																																																																																																																																						
8. Chest																																																																																																																																						
9. Lungs																																																																																																																																						
10. Heart																																																																																																																																						
11. Abdomen																																																																																																																																						
12. Extremities	Upper																																																																																																																																					
	Lower																																																																																																																																					
13. Feet / Toes																																																																																																																																						
14. Lymph Nodes																																																																																																																																						
15. Genitalia																																																																																																																																						
16. Testes																																																																																																																																						
17. Spine																																																																																																																																						
18. Reflexes																																																																																																																																						
19. Neurological																																																																																																																																						
20. Rectal																																																																																																																																						
21. Sexually Transmitted Diseases		YES	NO																																																																																																																																			
22. Other:																																																																																																																																						
9. Allergies			**Deferred, as used here, means examination considered but postponed Explanation of Abnormalities/Treatment Ordered																																																																																																																																			
10. General Appearance																																																																																																																																						
11. Mental / Physical Status and Limitations																																																																																																																																						
12. Mobility / Ambulatory Status:																																																																																																																																						
Fully Ambulatory Uses Walker Uses Cane Uses Wheelchair																																																																																																																																						
13. Susceptibility to Hyper / Hypothermia and Related Limitations																																																																																																																																						
14. Special Dietary Instructions and Recommended Caloric Intake																																																																																																																																						
16. Other Health-Related Information or Concerns																																																																																																																																						
M.D./D.O./P.A. or R.N. (Please Print Name)																																																																																																																																						
Signature					City		State	Zip Code																																																																																																																														
Address					Title		Date of Exam																																																																																																																															
Date of Signature					Date of Exam																																																																																																																																	
AUTHORITY: 1979 PA 218 COMPLETION: Required. CONSEQUENCE: Violation of AFC Licensing Rules.			R 400.14301(10) and R 400.15301(10) R 400.14310 and R 400.15310 R 400.14313(3) and R 400.15313(3)			Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.																																																																																																																																